Effective October 1, 2000

Application or Docket Number

00-323

CLAIMS AS FILED - PART I						0	SMALL EN		OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Column 2)		TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			20			· · · · · · · · · · · · · · · · · · ·	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			上 0 minus 20=		•		X\$ 9=	0.	OR	X\$18=	
INDEPENDENT CLAIMS			ج minus 3 =		*		X40=		OR	X80=	,
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT		· . · · · · · · · · · · · · · · · · · ·		+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter '						olumn 2	TOTAL		OR	TOTAL	710
	CLAIMS AS AMENDED - PART II									OTHER	THAN
_	יי איני איני איני איני איני איני איני א	(Column 3)	SMALL		OR	SMALL					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 23	Minus	** [\geq	=(3)	X\$ 9=		OR	X\$18=	24 f
	Independent	NITATION OF AN	Minus	***		=	X40=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL	F64
(Column 1) (Column 2) (Column 3)								`		ADDIT. FEE	
		(Column 1)			mn 2) HEST	(Column 3)		ADDI	1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AINA	=	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	OLTIPLE DEP	ENDEN	CLANV		+135=		OR	+270=	
									OR	TOTAL	
		(Calumn 4)		/Colu	mn (1)	(Column 2)	ADDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)		4DC:			455:
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***	T 01 4114	=	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1.5-		1	.070	
	f the enterior !	mm d je laas Mass s	ha anterio cal:	mn 0	ha 40# i= ==	lumn a	+135=		OR	+270=	
**	If the "Highest Nu	mn 1 is less than t mber Previously P	aid For IN THI	S SPACE	is less tha	n 20, enter "20."	ADDIT. FEE		OR	TOTAL ADDIT FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											